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PTO/SB/21 (12/97)

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TRANSMITTAL FORM (To be used for all correspondence after initial filing)		Application Number	09/156,957	
		Filing Date	September 18, 1998	
		First Named Inventor	Benjamin N. Eldridge	
		Group Art Unit	3202	
		Examiner Name	Unassigned	
NUMBER OF PAGES IN THIS SUBMISSION		7	Attorney Docket Number	003401.P006D

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> After Allowance Communication Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawings	<input type="checkbox"/> Appeal Communication to Board of Appeals & Interferences
<input type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) & Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition Checklist & Accompanying Petition	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> To Convert a Provisional Application	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Supplemental Preliminary Amendment
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Small Entity Request	
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Request for Refund	

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

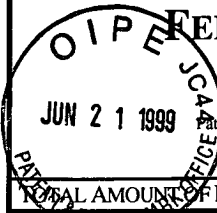
Firm or Individual Name	Thomas M. Coester, Esq.
Signature	<i>Thomas Coester</i>
Date	June 16, 1999

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231-9998 on this date:		June 16, 1999	
Typed or Printed Name	Kelly Reeves		
Signature	<i>Kelly Reeves</i>	Date	June 16, 1999

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 <p style="margin: 0;">FEE TRANSMITTAL</p> <p style="margin: 0; font-size: small;">Note: Effective October 1, 1997 Patent fees are subject to annual revision</p>		<p style="margin: 0;"><i>Complete If Known</i></p>	
<p style="margin: 0;">TOTAL AMOUNT OF PAYMENT</p>		<p style="margin: 0;">Application Number 09/156,957</p>	
<p style="margin: 0;">(\$)-0-</p>		<p style="margin: 0;">Filing Date September 18, 1998</p>	
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		<p style="margin: 0;">Group Art Unit 3202</p>	
		<p style="margin: 0;">Examiner Name Unassigned</p>	
		<p style="margin: 0;">Attorney Docket No. 003401.P006D</p>	

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																																																																																																																																																																								
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees & credit any overpayments to:</p> <p>Acct # <u>02-2666</u></p> <p>Acct Name <u>Blakely Sokoloff Taylor & Zafman</u></p> <p><input checked="" type="checkbox"/> Charge any add'l fee required under 37 CFR 1.16 & 1.17 <input type="checkbox"/> Charge issue fee set in 37 CFR 1.18 at the mailing of the Notice of Allowance</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <p style="text-align: center;">Fee Calculation</p> <p>1. Filing Fee</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>760</td><td>201</td><td>380</td><td>Utility filing fee</td><td></td></tr> <tr><td>106</td><td>310</td><td>206</td><td>155</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>480</td><td>207</td><td>240</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>760</td><td>208</td><td>380</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> <tr> <td colspan="5" style="text-align: right;">Subtotal (1)</td> <td>(\$)-0-</td> </tr> </tbody> </table> <p>2. Claims</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>*</th> <th>Extra</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims <u>51</u></td> <td>51 -</td> <td><u>0</u></td> <td>X 18</td> <td><u>0</u></td> </tr> <tr> <td>Ind. Claims <u>6</u></td> <td>6 -</td> <td><u>0</u></td> <td>X 78</td> <td><u>0</u></td> </tr> <tr> <td>Multiple Dependent Claims</td> <td></td> <td></td> <td></td> <td><u>0</u></td> </tr> </tbody> </table> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>102</td><td>78</td><td>202</td><td>39</td><td>Independent claims in excess of 3</td></tr> <tr><td>104</td><td>260</td><td>204</td><td>130</td><td>Multiple dependent claim</td></tr> <tr><td>109</td><td>78</td><td>209</td><td>39</td><td>Reissue independent claims over original patent</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>Reissue claims in excess of 20 & over original patent</td></tr> <tr> <td colspan="5" style="text-align: right;">Subtotal (2)</td> </tr> </tbody> </table>	Large Entity Code	Large Entity Fee (\$)	Small Entity Code	Small Entity Fee (\$)	Fee Description	Fee Paid	101	760	201	380	Utility filing fee		106	310	206	155	Design filing fee		107	480	207	240	Plant filing fee		108	760	208	380	Reissue filing fee		114	150	214	75	Provisional filing fee		Subtotal (1)					(\$)-0-		*	Extra	Fee from Below	Fee Paid	Total Claims <u>51</u>	51 -	<u>0</u>	X 18	<u>0</u>	Ind. 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SUBMITTED BY				COMPLETE (if applicable)	
Name		Thomas M. Coester, Esq.		Reg. Number	
Signature		<u>Thomas Coester</u>		39,637	
Date		6/16/99		Deposit Acct User ID	

*Highest number of claims previously paid for if an amendment is being transmitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.